

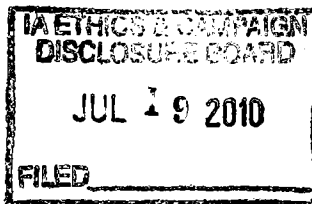
File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

Reset Form



Rec'd email 7/19

COMMITTEE NAME (Must be same as on Statement of Organization) Committee to Elect Mark Tramontina for Woodbury County Treasurer	
IMPORTANT: Indicate by # type of committee you are reporting for: <u>5</u> (1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party (4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue	
CANDIDATE COMMITTEES ONLY:	
Candidate Name Mark F Tramontina	Political Party (if applicable) Republican
Office Sought Woodbury County Treasurer	District (if Senate or House)

FORM DR-2 (Rev. 12/2009)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	_____
Logged In	_____
Scanned	_____
Computer	_____
Audited	_____

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

Mark Tramontina 712-252-7871 7-19-2010
SIGNATURE OF PERSON FILING REPORT **TELEPHONE** **DATE SIGNED**

I AM FILING A 7/14/2010 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.
(report date) Indicate by # 1

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election _____

County & Local Committees, enter County in which Election is held _____

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ 1,408.54

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

947.00

Schedule F: Loans Received total (Attach Schedule F)

0.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

0.00

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL \$ 2,336.54

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

1,704.10

Schedule F: Loan Repayments total (Attach Schedule F)

651.44

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

\$ 0.00

**UNPAID BILLS (From Schedule D - Attach Schedule D) \$ 3,703.50

**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) \$

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F) \$ 2,348.56

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$ 0.00

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE

A

(Rev. 07/03)

MONETARY
RECEIPTS

☐

CHECK THIS BOX IF
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
5/18/2010	ID# CK# 3176	Mike Tramontina 4819 Waterbury RD Des Moines IA	Brother	\$200.00	<input checked="" type="checkbox"/>
5/21/2010	ID# CK# 2446	Irving Jensen Jr 4320 Perry Way Sioux City IA 51104	Friends	200.00	<input checked="" type="checkbox"/>
5/21/2010	ID# CK# 69585	Avery Bros Outdoor 2420 Correctionville RD Sioux City IA 51106	Friends	250.00	<input checked="" type="checkbox"/>
5/22/2010	ID# CK# 2646	Monica & Bill Burrows 4409 47th St Sioux City IA 51108	Friends	25.00	<input checked="" type="checkbox"/>
5/22/2010	ID# Cash CK#	Michael Moeller 4709 Meadow LN Sioux City IA 51104	Friends	10.00	<input checked="" type="checkbox"/>
5/22/2010	ID# Cash CK#	Miscellaneous Dollars	Friends	12.00	<input checked="" type="checkbox"/>
6/14/2010	ID# Cash CK#	Central Bank 2906 Hamilton BLVD Sioux City IA 51104	Petty Cash Retur	250.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 947	
TOTAL (if last page of this schedule)				\$ 947	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to Elect Mark Tramontina for Woodbury County Treasurer

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
6/1/2010	ID# CK# 1010	KSCJ 2000 Indian Hills DR Sioux City IA 51104	Radio Advertisement	\$ 387.60
6/1/2010	ID# CK# 1011	KSUX 2000 Indian Hills DR Sioux City IA 51104	Radio Advertisement	496.40
6/1/2010	ID# CK# 1012	KOOL 2000 Indian Hills DR Sioux City IA 51104	Radio Advertisement	367.20
6/1/2010	ID# CK# 1013	KQNU 2000 Indian Hills DR Sioux City IA 51104	Radio Advertisement	292.40
6/5/2010	ID# CK# 1014	Dakota Graphics 619 Water St Sioux City IA	Decals	160.50
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 1,704.10
TOTAL (If last page of this schedule)				\$ 1,704.10

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)
Committee to Elect Mark Tramontina for Woodbury County Treasurer

NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.

Reset Form

SCHEDULE D (Rev. 08/98)	INCURRED INDEBTEDNESS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD
(DO NOT INCLUDE LOANS -- SHOW LOANS ON SCHEDULE F)

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period., regardless of whether an invoice has been received.

DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
4/7/2010	Peggy & Mark Tramontina 3456 Strawberry LN Sioux City IA 51104-1554	3 outdoor billboards for a total of 4 single months	\$ 3,703.50
SUB-TOTAL			\$ 3,703.50
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$ 3,703.50

*If actual figure is unknown, show "estimated" beside the figure.

Page 1 of 1
(for Schedule D)

CANDIDATE COMMITTEES NOTE:

*Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)
Committee to Elect Mark Tramontinafor Woodbury County Treasurer

Reset Form

SCHEDULE E (Rev. 06/97)	IN-KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
5/22/2010	Peggy & Mark Tramontina 3456 Strawberry LN Sioux City IA 51104	Spouse & Self	Coffee & Donuts	\$ 147.14	<input checked="" type="checkbox"/>
5/26/2010	Peggy & Mark Tramontina 3456 Strawberry LN Sioux City IA 51104	Spouse & Self	Voter's registration Report	5.00	<input checked="" type="checkbox"/>
5/13/2010	Peggy & Mark Tramontina 3456 Strawberry LN Sioux City IA 51104	Spouse & Self	Printing	118.45	<input checked="" type="checkbox"/>
5/25/2010	Peggy & Mark Tramontina 3456 Strawberry LN Sioux City IA 51104	Spouse & Self	Printer supplies	51.83	<input checked="" type="checkbox"/>
6/2/2010	Peggy & Mark Tramontina 3456 Strawberry LN Sioux City IA 51104	Spouse & Self	Printing	44.70	<input checked="" type="checkbox"/>
5/16/2010	Peggy & Mark Tramontina 3456 Strawberry LN Sioux City IA 51104	Spouse & Self	Envelopes	34.61	<input checked="" type="checkbox"/>
5/16/2010	Peggy & Mark Tramontina 3456 Strawberry LN Sioux City IA 51104	Spouse & Self	Postage	88.00	<input checked="" type="checkbox"/>
6/1/2010	Peggy & Mark Tramontina 3456 Strawberry LN Sioux City IA 51104	Spouse & Self	Postage	44.00	<input checked="" type="checkbox"/>
6/4/2010	Peggy & Mark Tramontina 3456 Strawberry LN Sioux City IA 51104	Spouse & Self	Postage	436.00	<input checked="" type="checkbox"/>
6/5/2010	Peggy & Mark Tramontina 3456 Strawberry LN Sioux City IA 51104	Spouse & Self	Postage	56.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 981.73	
TOTAL (if last page of this schedule)				\$	

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 2
(for Schedule E)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to Elect Mark Tramontinafor Woodbury County Treasurer

Reset Form

SCHEDULE E (Rev. 06/97)	IN-KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

DATE RECEIVED (MM/DD/YY)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
6/4/2010	Peggy & Mark Tramontina 3456 Strawberry LN Sioux City IA 51104	Spouse & Self	Postage	\$ 616.00	<input checked="" type="checkbox"/>
5/24/2010	Peggy & Mark Tramontina 3456 Strawberry LN Sioux City IA 51104	Spouse & Self	Printing	22.56	<input checked="" type="checkbox"/>
					<input type="checkbox"/>
5/14/2010	Peggy & Mark Tramontina 3456 Strawberry LN Sioux City IA 51104	Spouse & Self	Printing	65.81	<input checked="" type="checkbox"/>
6/4/2010	Peggy & Mark Tramontina 3456 Strawberry LN Sioux City IA 51104	Spouse & Self	Label Supplies	41.70	<input checked="" type="checkbox"/>
6/5/2010	Peggy & Mark Tramontina 3456 Strawberry LN Sioux City IA 51104	Spouse & Self	Postage	11.20	<input checked="" type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
SUB-TOTAL				\$ 757.27	
TOTAL (If last page of this schedule)				\$ 1,739.00	

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Page 2 of 2
(for Schedule E)

RESET

SCHEDULE

F

(Rev. 02/08)

**LOANS
RECEIVED
& REPAID****COMMITTEE NAME**(Must be same as on Statement of Organization)

Committee to Elect Mark Tramontinafor Woodbury County Treasurer

☐ **CHECK THIS BOX IF
AMENDING FORM****NOTE:** This schedule reports money loaned to the committee which is deposited in the committee account.**TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$** 3000.00**PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD**

(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN
			\$

TOTAL (PART I) \$ _____**PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD**

(Loans forgiven must be reported on Schedule E - In-kind Contributions.)

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAID
7/14/2010	Peggy & Mark Tramontina 3456 Strawberry LN Sioux City IA 51104	Spouse & Candidate	\$ 651.44

TOTAL CASH REPAYMENTS (PART II) \$ 651.44

From Schedule E - TOTAL LOANS FORGIVEN \$ 0

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 2,348.56

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